

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD		CONSULTATION SHEET	
REQUEST			
TO: SURBURY IN	FROM: (Requesting physician or activity) BUSSANICA	DATE OF REQUEST 10/25/05	
REASON FOR REQUEST (Complaints and findings)			
<p>① LEFT-UPPER QUADRANT MASS, states is progressively increasing mass p/e: 4x4cm MASS movable LUG</p> <p>② Also claims BLEEDING HEMORRHOIDS p/e (+) Hemorrhoid ②</p>			
PROVISIONAL DIAGNOSIS			
<p>① Left upper quadrant MASS for exam ② Hemorrhoids</p>			
DOCTOR'S SIGNATURE	APPROVED	PLACE OF CONSULTATION	<input type="checkbox"/> ROUTINE <input type="checkbox"/> TODAY <input type="checkbox"/> 72 HOURS <input type="checkbox"/> EMERGENCY
Anthony J. Busanica MD		<input type="checkbox"/> BEDSIDE <input type="checkbox"/> ON CALL	
CONSULTATION REPORT			
RECORD REVIEWED <input type="checkbox"/> YES <input type="checkbox"/> NO	PATIENT EXAMINED <input type="checkbox"/> YES <input type="checkbox"/> NO	TELEMEDICINE <input type="checkbox"/> YES <input type="checkbox"/> NO	

4x4 cm Lipoma LUG  
can excise locally

Irritated bleeding hemorrhoids

Anusol fec suppositories

7 PR TH

SIGNATURE AND TITLE		(Continue on reverse side) IN 4/5/12		DATE
HOSPITAL OR MEDICAL FACILITY		RECORDS MAINTAINED AT	DEPARTMENT/SERVICE OF PATIENT	
RELATION TO SPONSOR	SPONSOR'S NAME (Last, first, middle)		SPONSOR'S ID NUMBER (SSN or Other)	
PATIENT'S IDENTIFICATION (For typed or written entries, give: Name -- last, first, middle; ID no. (SSN or other); Sex; Date of Birth; Rank/Grade)		REGISTER NO.	WARD NO.	
		10924-052		

Mosher, Donal

CONSULTATION SHEET 000250  
Medical Record

513-110

NSN 7540-00-634-4127

## MEDICAL RECORD

## CONSULTATION SHEET

## REQUEST

TO: Dr Graham FROM: (Requesting physician or activity) H Beam FCI/MCKEAN DATE OF REQUEST 4/27/05

REASON FOR REQUEST (Complaints and findings)

4340 SR cholecystectomy 4/19/05 for  
gangrenous gallbladder  
needs post op check

PROVISIONAL DIAGNOSIS

SR cholecystectomy

DOCTOR'S SIGNATURE

H Beam

APPROVED

H BEAM, MD  
FCI MCKEAN

PLACE OF CONSULTATION

☐ BEDSIDE☐ ON CALL☐ ROUTINE☐ TODAY☐ 72 HOURS☐ EMERGENCY

## CONSULTATION REPORT

RECORD REVIEWED ☐ YES ☐ NOPATIENT EXAMINED ☐ YES ☐ NO

tab p.o. no N, V Bowels OK  
wound healing well, no hernia or infection  
appetite still down a little  
& he has lost some weight by appearance  
(still is overweight)  
morning well & looks good  
Re - no heavy activity for a few more  
weeks  
will see as needed

(Continue on reverse side)

SIGNATURE AND TITLE

Dr. J. L. Smith, MD

DATE

12-12-05

IDENTIFICATION NO.

ORGANIZATION

REGISTER NO.

10924-052

WARD NO.

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)

000251

Donald Moshier

Reviewed by D. Olson, MD

Date: 5/12/05

CONSULTATION SHEET

Medical Record

STANDARD FORM 513 (REV. 8-92)  
Prescribed by GSA/ICMR, FIRM (41 CFR) 201-9.202-1

**HCV Treatment Psychology Evaluation  
FCI, McKean**

**NAME:** Moshier, Donald

**Reg. No.** 10924-052

**AGE:** 43

**ETHNICITY:** White, non-Hispanic

**INSTANT OFFENSE:** PWITD Methamphetamine; Mailing Threatening Communications

**LENGTH OF SENTENCE:** 120 months

**MANDATORY RELEASE DATE:** 2/28/2012

**CUSTODY/SECURITY LEVEL:** IN/Medium

**INSTITUTION ADJUSTMENT:** Good

**PRESENTING PROBLEM/REASON FOR REFERRAL:** Inmate Moshier, Donald is being considered for combined interferon and ribivirin treatment for chronic HCV.

**PSYCHIATRIC HISTORY, ONSET OF:** No history of mental illness or treatment, no family history of mental illness.

**MEDICATIONS:** Acetamenophen 500mg, 2 tab, bid; Ranitidine 150mg, bid; Tetracycline, 500mg, bid; Hydrocortisone Cream, 1%.

**HISTORY OF ALCOHOL ABUSE/DEPENDENCE:** History of methamphetamine, cocaine and cannabis dependence.

**HISTORY OF HEAD TRAUMA:** None

**HISTORY OF ANTISOCIAL BEHAVIOR:** Conspiracy to Distribute Methamphetamine; Mailing Threatening Communications; Grand Theft, DUI, Harassment, Possession of Marijuana

**OTHER PERTINENT PSYCHIATRIC HISTORY:** None

**PERTINENT MEDICAL/SURGICAL HISTORY:** Chronic HCV, Asthma, Peripheral Vascular Disease

**MENTAL STATUS EXAMINATION - PERTINENT FINDINGS:** Inmate Moshier has appropriate affect and euthymic mood. He denies any family history of suicide. The inmate denies thoughts of hurting himself or others. There is no evidence of psychosis or disturbed thinking. The inmate is aware of the risks of treatment/non-treatment for HCV as described by his treating physician. He was made aware of the signs and symptoms of depression that might signal a need for additional treatment and could potentially result from his treatment of chronic HCV with the medications being contemplated by his treating physician.

**DIAGNOSTIC IMPRESSION**

**Axis I:** Polysubstance dependence, in remission due to incarceration

**Axis II:** Personality disorder, NOS (with antisocial features)

**RECOMMENDATIONS:** There are no mental health contraindications for inmate Moshier to receive a trial of interferon/ribivirin for the treatment of chronic HCV.

Walter L. Rhinehart, Psy.D.  
Chief Psychologist  
FCI, McKean

9/22/04

REVIEWED BY:

9/24/04  
H. Beam

H. BEAM, MD  
FCI MCKEAN

000252

U.S. MEDICAL CENTERS FOR FEDERAL PRISONERS  
Laboratory, 1900 W. Sunshine  
SPRINGFIELD, MISSOURI 65808  
(417) 862-7041

\*\*\* SENSITIVE-LIMITED OFFICIAL USE \*\*\*  
FINAL REPORT

Register Number : 10924-052 Age : 42yr  
Name : MOSHIER JR, DONALD Sex : M  
Location : FCI MCKEAN (MCK) Room:  
Admit. Physician: BEAM, MD Accession Number : 5284  
Order. Physician: BEAM, MD  
Collected : 07/19/04 @ 08:10 by: REFE

Test	Result	Flag	Reference Range/Units	Tech
<b>COMP. METABOLIC</b>				
Glucose	168	HI	70 - 110 mg/dL	JE RY
Urea Nitrogen	16		7 - 22 mg/dL	JE RY
Creatinine	1.0		0.6 - 1.6 mg/dL	JE RY
SodiumI	141		137 - 148 mmol/L	JE RY
Potassium	3.9		3.5 - 5.0 mmol/L	JE RY
ChlorideI	105		99 - 114 mmol/L	JE RY
CalciumI	8.7		8.5 - 10.9 mg/dL	JE RY
Total Protein	7.0		6.0 - 8.2 g/dL	JE RY
Albumin	3.9		3.6 - 5.1 g/dL	JE RY
Alkaline Phos.	80		41 - 133 U/L	JE RY
AST(SGOT)	106	HI	11 - 55 U/L	JE RY
Total BilirubinI	0.7		0.2 - 1.3 mg/dL	JE RY
Cholesterol	110	LO	140 - 200 mg/dL	JE RY
ALT1(SGPT)	130	HI	11 - 66 U/L	JE RY
TSH	1.16		0.30 - 7.00 uIU/mL	KS RY
<b>CBC</b>				
White Blood Cell	5.0		4.3 - 11.1 10 <sup>3</sup> /uL	RS RY
Red Blood Cells	5.52		4.46 - 5.78 10 <sup>6</sup> /uL	RS RY
Hemoglobin	17.6		13.6 - 17.6 g/dL	RS RY
Hematocrit	50.7		40.2 - 51.4 %	RS RY
MCV	91.8		82.5 - 96.5 fL	RS RY
MCH	32.0		27.1 - 34.3 pg	RS RY
MCHC	34.8		33.0 - 35.0 g/dL	RS RY
RDW	13.6		12.0 - 14.0 %	RS RY
PLT	101	LO	130 - 374 10 <sup>3</sup> /uL	RS RY
MPV	9.3		6.9 - 10.5 fL	RS RY
<b>AUTODIFF</b>				
Neutrophils	70.9	HI	43.0 - 67.0 %	RS RY
Lymphocytes	19.3	LO	21.0 - 45.0 %	RS RY
Monocytes	7.1		5.0 - 13.0 %	RS RY
Eosinophils	2.3		0.0 - 7.0 %	RS RY
Basophils	0.4		0.0 - 1.0 %	RS RY
Neutrophil #	3.5		1.9 - 6.7 10 <sup>3</sup> /uL	RS RY
Lymphocyte #	1.0	LO	1.3 - 3.7 10 <sup>3</sup> /uL	RS RY
Monocyte #	0.4		0.3 - 1.1 10 <sup>3</sup> /uL	RS RY
Eosinophil #	0.1		0.0 - 0.5 10 <sup>3</sup> /uL	RS RY

Legend

LO=Low AL=Alarm Low EL=Elevated Low H=High AH=Alarm High EH=Elevated High AS=Abnormal

Name : MOSHIER JR, DONALD  
Register Number : 10924-052  
Printed : 07/20/2004 @ 15:06

Location : MCK  
Page : 1 of 2

H. BEAM, MD  
FCI MCKEAN

000253

U. S. M. CENTER FOR FEDERAL PRI  
LABORATORY, 1900 W. SUNSHINE  
SPRINGFIELD, MISSOURI 65808  
(417) 862-7041, EXT. 454

## F I N A L R E P O R T

Register Number: 10924-052 Age : 42  
Name : MOSHIER JR, DONALD Sex : M  
Location : FCI MCKEAN (MCK) Accession Number: 9727  
Physician : BEAM, MD "X" if Complete : [X]  
Collection Date: 11/17/2003  
Collection Time: 11:00  
Tests : HBsAg; HBsAb; HBcAb; Anti-HAV-IgM  
Ordered:

Test Name	Result	Flag	Reference Range	Tech
Collection Cmt.				
HBsAg	Negative		Negative	SY RY
HBsAb	Positive		Negative	SY RY
HBcAb	Positive		Negative	SY RY
Anti-HAV-IgM	Negative		Negative	JN RY

-- End of Laboratory Report --

FCI MCKEAN HEALTH SVC.

03 NOV 26 PM 2:17

*S. Czeka, MT*  
S. Czeka, Med Tech.

Name : MOSHIER JR, DONALD  
Register#: 10924-052  
Printed : 11/26/2003 @ 12:39

Doctor : BEAM, MD  
Location: FCI MCKEAN (MCK)  
Sensitive L. O. U.

REVIEWED BY

*HBsAg*  
*4/26/03*

H. BEAM, MD  
FCI MCKEAN

000254

U. S. MEDICAL CENTER FOR FEDERAL PRISONERS  
 LABORATORY, 1900 W. SUNSHINE  
 SPRINGFIELD, MISSOURI 65808  
 (417) 862-7041, EXT. 454

## F I N A L R E P O R T

Register Number: 10924-052 Age : 41  
 Name : MOSHIER JR, DONALD Sex : M  
 Location : FCI MCKEAN (MCK) Accession Number: 1366  
 Physician : MISCELLANEOUS DOCTOR "X" if Complete : [X]  
 Collection Date: 04/16/2003  
 Collection Time: 07:45  
 Tests | HIV-Ab  
 Ordered |

Test Name	Result	Flag	Reference Range	Tech
Collection Cmt.	Voluntary Testing			
HIV-Ab	Negative			
	DO NOT REMOVE REPORT FROM PATIENT CHART			
	-- End of Laboratory Report --			

*Voluntary*

FCI MCKEAN HEALTH SVC.

03 APR 28 AM 8:32

*S. Czeka*  
 S. Czeka, Med Tech.

Name : MOSHIER JR, DONALD  
 Register#: 10924-052  
 Printed : 04/21/2003 @ 12:00

Doctor : MISCELLANEOUS DOCTOR  
 Location: FCI MCKEAN (MCK)  
 Sensitive L.O.U.

REVIEWED BY

*4/29/03*

H. BEAM, MD  
 FCI MCKEAN

000255

U. S. MARSHAL CENTER FOR FEDERAL PRISONERS  
LABORATORY, 1900 W. SUNSHINE  
SPRINGFIELD, MISSOURI 65808  
(417) 862-7041, EXT. 454

## F I N A L R E P O R T

Register Number: 10924-052 Age : 42  
Name : MOSHIER JR, DONALD Sex : M  
Location : FCI MCKEAN (MCK) Accession Number: 3832  
Physician : MISCELLANEOUS DOCTOR *E. Clop, PAC* "X" if Complete : [X]  
Collection Date: 09/04/2003  
Collection Time: 08:50  
Tests : Anti-HCV; S:CO Ratio (HCV)  
Ordered:

Test Name	Result	Flag	Reference Range	Tech
Collection Cmt.				
Anti-HCV	Positive		Negative	SY CK
S:CO Ratio (HCV)	6.6		-	TX CK
Samples with high s:co ratios (>3.8) usually (>95%) confirm positive, but <5 of every 100 might represent false positives. More specific testing may be indicated.				

-- End of Laboratory Report --

FCI MCKEAN HEALTH SVC.

03 SEP 16 AM 7:46

REVIEWED BY:




*H. Beam*  
9/16/03  
H. BEAM, MD  
FCI MCKEAN

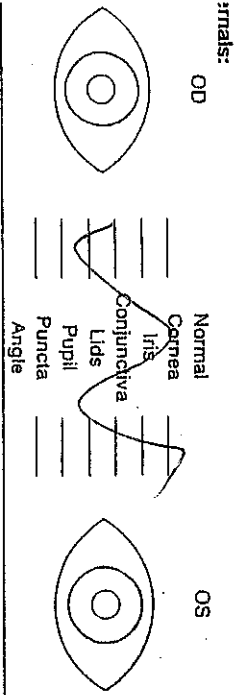
*S. Czakai*  
S. Czakai, Med Tech.

Name : MOSHIER JR, DONALD  
Register#: 10924-052  
Printed : 09/16/2003 @ 06:32

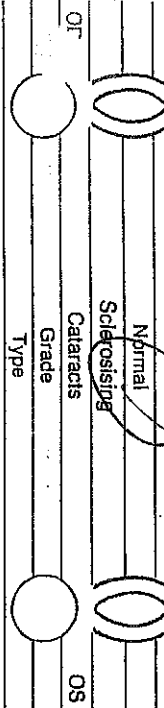
Doctor : MISCELLANEOUS DOCTOR  
Location: FCI MCKEAN (MCK)  
.....  
Sensitive L. O. U.

000256

<i>Moshier</i> 		BILL TO:		KAREN MASSEY 507/811-1111 RR 5 BOX 1000 LEWISBURG PA, 17837	
		PATIENT NAME		CUST. NUMBER	
10924-052 11-4 144577		PO: MASSEY		INVOICE NUMBER 242840	
Tray No. 3519		Date Processed 04/19/2006		04/19/2006	
R. EYE	-0.25	-0.75	90	6.0	
L. EYE	-0.25	-0.75	90	6.0	
R. EYE	1.50	28	21.0	64.0	61.0
L. EYE	1.50	28	21.0	P.D. 64.0	N.P.D. 61.0
FRAME DATA					
Size	Depth	E.D.	D.B.L.		
54.0	48.0	59.0	24.0		
Model: 0 1202/214/77 L Length 60 94X24					
83-84 SMOKE					
EDGED <input type="checkbox"/> UNCUT <input type="checkbox"/> LENS ONLY <input type="checkbox"/> ENCLOSED <input type="checkbox"/> TO COME <input type="checkbox"/> SUPPLIED <input checked="" type="checkbox"/>					
LENS DATA					
Type	Material				
R: ST28 CR-39 SRC1 SOLA 76					
L: ST28 CR-39 SRC1 SOLA 76					
FDA CODE SEC. 3, 84, 21 CFR					
NOTE FOLLOWING EXCEPTIONS					
THESE LENSES ARE IMPACT RESISTANT AND IN COMPLIANCE WITH FDA TESTING PRESCRIBED IN SEC. 3, 84, 21 CFR. IMPACT RESISTANT LENSES ARE NOT UNBREAKABLE OR SHATTERPROOF. (1) PLASTIC: Mr. certifies lenses ground to specifications are impact resistant within FDA code. (2) UNCUT GLASS lenses have not been treated or tested and must be made impact resistant before dispensing. (3) RAISED LEDGE multifocals have been made impact resistant, but are exempted from drop ball testing.					
COMMENTS:					
J-10293661 LI-4 T-9819					
 					
Sub Total				34.	
Freight					
Total Due				34	
FROM:		SHIP TO:			
144577		KAREN MASSEY			
2840		USP LEWISBURG HEALTH SVC			
POSTMASTER		RR 5 BOX 1000			
IF THIS PACKAGE IS NOT DELIVERED IN FIVE DAYS, PLEASE RETURN TO SENDER.		LEWISBURG, PA, 17837			

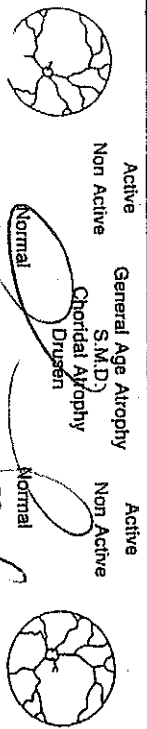


Grade: 1-mild 2-moderate 3-dense 4-very dense



Aphakia IOL Type

Index	C/DH	C/DV	HR	AS	AN	VII	Mac	Periphery
OD	3	3	3	3	3	3	3	3
OS	3	3	3	3	3	3	3	3



Patient told of eye health condition OU

diman Tonometry:

MUSCLE BALANCE TEST: Place dot where patient sees Red Dot.

COLOR VISION: 0 - correct X - wrong

LATERAL PHORIA: Circle #

VERTICAL PHORIA: Circle #

Left Hyper Right Hyper

Vertical Hyper

Vertical Hyper

Vertical Hyper

Vertical Hyper

Vertical Hyper

Vertical Hyper

Vertical Hyper

Age: 10 DOB: 10/24/05

Occupation: Student

Last Exam: 3/28/06

History: No

Glasses: FT N D HCL SCL

General Health: Good

Medication: No

Allergies: No

Family History: No

Chief Complaint: Blurry vision

VA 55 Rx - O.U. VA 60 Rx - O.U.

Dist. OS OD OS OD

Near OS OD OS OD

OBJ: OS OD

SUBD: OS OD

PD: 49 Add 4.00

K: OS OD

Plan: 12 Months

Return: 12 Months

Check: 12 Months

Referred By: Dr. [Signature]

Time: 11:00 AM

Name: Mosher, Donald

Date: 10/24-05

Location: USP Lewisburg

Old Rx: Tint Glass Plastic Style

OD Sph Cyl Axis Prism Base

OS Sph Cyl Axis Prism Base

Told New Rx: No Change

Glass PGX Plastic Tint

Sph Cyl Axis Prism Base PD Det

Add Seg Hgt LAB Multifocal Type

Manufacturer Name Color

Eye Size Bridge Size B. ED.

Please Circle FTC Supply Enclosed

Special Instructions:

Attachment 1 150-8918001 October 1, 1989

INSTITUTION: USP LEWISBURG

ARRIVAL DATE PURCHASE ORDER NO. JOB NO.

INSTITUTION: USP LEWISBURG

STATE: PA. 17831

CONTACT PERSON: Karen J. Messer, HSAA

LENSSES 20 25

EXTRA FRAMES

<p><i>Moshier</i> <b>OPT</b></p> <p>10924-052</p>		<p>BILL TO:</p> <p>KAREN MASSER          803/B03/USP LEWISBURG          RR 5 PENN RD, BOX 1          LEWISBURG          PA, 17837</p>	
<p>PATIENT NAME <b>LI-17 144577</b></p>		<p>CUST. NUMBER <b>PD: MASSER</b></p>	<p>INVOICE NUMBER <b>236627</b></p>
<p>Tray No. <b>8900</b></p>	<p>Date Processed <b>01/13/2006</b></p>	<p><b>01/27/2006</b></p>	

R. EYE	-0.25	-0.75	90	5.00
	Sphere	Cylinder	Axis	Prism
L. EYE	-0.25	-0.75	90	5.00
				Base Curve

R. EYE	1.50	28	18.5	64.0	61.0
	Add	Width	Height	P.D.	N.P.D.
L. EYE	1.50	28	18.5	64.0	61.0


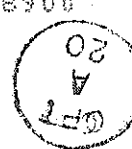

  

FRAME DATA				CHARGES	
Size	Depth	E.D.	D.B.L.	DESCRIPTION	PRICE
50.0	43.0	50.0	20.0	RIGHT LENS	11.00
Model: 10000000128 MPL Length 50X20				LEFT LENS	11.00
83-84				83-84	12.00
				SAFETY	1.00
<p>EDGED UNCUT</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> LENS ONLY <input type="checkbox"/> ENCLOSED <input type="checkbox"/> TO COME <input type="checkbox"/> SUPPLIED <input type="checkbox"/></p>				<p><i>Don't Moshier</i></p>	
LENS DATA					
<p>Type Material</p> <p>R: ST28 CR-39 SRC1 SOLA 76</p> <p>L: ST28 CR-39 SRC1 SOLA 76</p>					
<p>FDA CODE SEC. 3, 84, 21 CFR</p> <p>THESE LENSES ARE IMPACT RESISTANT AND IN COMPLIANCE WITH FDA TESTING PRESCRIBED IN SEC. 3, 84, 21 CFR IMPACT RESISTANT LENSES ARE NOT UNBREAKABLE OR SHATTERPROOF.</p>				<p>NOTE FOLLOWING EXCEPTIONS</p> <p>(1) PLASTIC: Mir. certifies lenses ground to specifications are impact resistant within FDA code.</p> <p>(2) UNCUT GLASS lenses have not been treated or tested and must be made impact resistant before dispensing.</p> <p>(3) RAISED LEDGE multifocals have been made impact resistant, but are exempted from drop ball testing.</p>	
<p>COMMENTS:</p> <p>J-10286239 LI-17 T-8900</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; border-radius: 50%; padding: 10px; text-align: center;"> <p>02</p> <p>4</p> <p>2-0</p> </div> <div style="border: 1px solid black; border-radius: 50%; padding: 10px; text-align: center;"> <p>OPT</p> <p>A</p> <p>2</p> </div> </div>					
				Sub Total	34.00
				Freight	
				<b>Total Due</b>	<b>34.00</b>

<p>FROM: <b>144577</b></p> <p><b>POSTMASTER</b></p> <p><b>IF THIS PACKAGE IS NOT DELIVERED IN FIVE DAYS, PLEASE RETURN TO SENDER.</b></p>	<p>SHIP TO:</p> <p>KAREN MASSER          USP LEWISBURG HEALTH SRVC          RR E BOX 1000          LEWISBURG, PA, 17837</p>
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000259

<p><i>Moshier</i> </p> <p>10924-052</p>		<p>BILL TO:</p> <p>KAREN MASSER          807 BORDERS/USP LEWISBURG          RR 5 PENN RD, BOX 1          LEWISBURG          PA, 17837</p>	
<p>PATIENT NAME <del>LI-17</del> 144577</p>		<p>CUST. NUMBER PO: MASSER</p>	<p>INVOICE NUMBER 236627</p>
<p>Tray No. 8900</p>	<p>Date Processed 01/13/2006</p>	<p>01/27/2006</p>	
<p>R. EYE -0.25 -0.75 90</p> <p style="text-align: center;">Sphere Cylinder Axis</p> <p>L. EYE -0.25 -0.75 90</p>		<p>Prism</p>	<p>Base Curve 6.00</p>
<p>R. EYE 1.50 28 18.5</p> <p style="text-align: center;">Add Width Height</p> <p>L. EYE 1.50 28 18.5</p>		<p>R. EYE 64.0 61.0</p> <p style="text-align: center;">P.D. N.P.D.</p> <p>L. EYE 64.0 61.0</p>	
FRAME DATA		CHARGES	
<p>Size 50.0 Depth 43.0 E.D. 50.0 D.B.L. 20.0</p>	<p>DESCRIPTION PRICE</p>		
<p>Model: 100000001234567890</p>	<p>RIGHT LENS 11.00</p>		
<p>83-84</p>	<p>LEFT LENS 11.00</p>		
<p>SMOKE</p>	<p>83-84 12.00</p>		
<p>EDGED UNCUT</p>	<p>SAFETY 1.00</p>		
<p><input checked="" type="checkbox"/> LENS ONLY <input type="checkbox"/> ENCLOSED <input type="checkbox"/> TO COME <input type="checkbox"/> SUPPLIED</p>			
LENS DATA		<p><i>Don't Moshier</i></p>	
<p>Type Material</p>			
<p>R: ST28 CR-39 SRC1 SOLA 76</p>			
<p>L: ST28 CR-39 SRC1 SOLA 76</p>			
<p>FDA CODE SEC. 3, 84, 21 CFR</p>		<p>NOTE FOLLOWING EXCEPTIONS</p>	
<p>THESE LENSES ARE IMPACT RESISTANT AND IN COMPLIANCE WITH FDA TESTING PRESCRIBED IN SEC. 3, 84, 21 CFR IMPACT RESISTANT LENSES ARE NOT UNBREAKABLE OR SHATTERPROOF.</p>		<p>(1) PLASTIC: Mr. certifies lenses ground to specifications are impact resistant within FDA code.          (2) UNCUT GLASS lenses have not been treated or tested and must be made impact resistant before dispensing.          (3) RAISED LEDGE multifocals have been made impact resistant, but are exempted from drop ball testing.</p>	
<p>COMMENTS:</p>		<p>Sub Total 34.00</p>	
<p>J-10286239 LI-17 T-8900</p>		<p>Freight</p>	
<p> </p>		<p><b>Total Due</b> 34.00</p>	
<p>FROM: 144577</p> <p>6027</p> <p>POSTMASTER IF THIS PACKAGE IS NOT DELIVERED IN FIVE DAYS, PLEASE RETURN TO SENDER.</p>		<p>SHIP TO:</p> <p>KAREN MASSER          USP LEWISBURG HEALTH SRVC          RR 5 BOX 1000          LEWISBURG, PA, 17837</p>	

000260

Normal OS

Normal OS

Normal OS

Page 12 of 50

Grade: 1-mild 2-moderate 3-dense 4-very dense

Normal OS

Normal OS

Aphakia IOL Type

Indus: C/DH+ C/DV+ HR AS 4W VII Mac Periphery

Active General Age Atrophy Non Active S.M.D. Choroidal Atrophy Drusen

Patient told of eye health condition OU

MUSCLE BALANCE TEST: Place dot where patient sees Red Dot.

A B

COLOR VISION: 0 - correct X - wrong

A B C D E F

LATERAL PHORIA: Circle #

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15

VERTICAL PHORIA: Circle #

1 2 3 4 5 6 7

Left Hyper Right Hyper

Age 44 DOB

Occupation

Last Exam

History:

Glasses: FT N D HCL SCL

General Health

Medication

Allergies

Family History

Chief Complaint:

VA ss Rx - O.U.	VA cc Rx - O.U.
OD 40	OD
OS 40	OS
OD 40	OD
OS 40	OS

OBJ:

OD	VA
OS	VA

SUBJ:

OD	VA
OS	VA

Plan:

Return Months

Check

Referred Dr.

Time

Name Moshier, Donald

Date 10/24/05

Location USP Lewisburg 18123105

Old Rx: Tint Glass Plastic Style

Sph	Cyl	Axis	Prism	Base	Dec
OD					
OS					

Told New Rx: No Change

Glass: PGX Plastic Tint

Sph	Cyl	Axis	Prism	Base	PD	Dec
R	025	075	090			
L	025	075	090			

Add	Seg Hgt	LAB	Multifocal Type
R	1/50		
L			

Manufacturer	Name	Color
Eye Size	Bridge Size	B
50	20	6

Special Instructions:

Attachment 4 150-851(800) October 1, 1985

EYEGLASS PRESCRIPTION

ARRIVAL DATE PURCHASE ORDER NO. JOB NO.

INSTITUTION: USP LEWISBURG

CITY: LEWISBURG

STATE: PA.

ZIP: 17801

CONTACT PERSON: Karen J. Messer, HSAA

PHONE NO: 570-322-7890

FEDERAL CORRECTIONAL INST.

OLD NORTH CAROLINA HWY 75

BUTNER, NC 27509

TRUST SERVICE: 18191 575-1571

FAX: 18191 575-6286

MISC / Case

12.23.2005

*Moshier*

**OPT A II**

BILL TO: DIAMOND CALDWELL  
FCI MCKEAN HEALTH SVC  
RT 59 BIG SHANTY ROAD  
LEWIS RUN  
PA. 16738

PATIENT NAME: 10924-052 LI-3 110666 CUST. NUMBER: PO: CALDWELL INVOICE NUMBER: 194450

Tray No. 9113 Date Processed 06/23/2004 07/07/2004

R. EYE	-0.50	-0.75	105			6.00
L. EYE	-0.25	-0.75	60			6.00
	Sphere	Cylinder	Axis	Prism	Base Curve	

R. EYE	Add	Width	Height	R. EYE	67.0	
L. EYE			0.0	L. EYE	P.D. 67.0	N.P.D.

FRAME DATA				CHARGES	
Size	Depth	E.D.	D.B.L.	DESCRIPTION	PRICE
54.0	48.0	59.0	22.0	RIGHT LENS	11.00
				LEFT LENS	11.00
Model: 0320272297	APL Length	54X22		83-84	12.00
83-84		SMOKE		SAFETY	.00

EDGED UNCUT ☒ LENS ONLY ☐ ENCLOSED ☐ TO COME ☐ SUPPLIED ☒

Type	LENS DATA	Material
R:	SV CR-39 SRC1 SOLA 72	
L:	SV CR-39 SRC1 SOLA 72	

FDA CODE SEC. 3, 84, 21 CFR

NOTE FOLLOWING EXCEPTIONS

THESE LENSES ARE IMPACT RESISTANT AND IN COMPLIANCE WITH FDA TESTING PRESCRIBED IN SEC. 3, 84, 21 CFR IMPACT RESISTANT LENSES ARE NOT UNBREAKABLE OR SHATTERPROOF.

(1) PLASTIC: Mir. certifies lenses ground to specifications are impact resistant within FDA code.  
(2) UNCUT GLASS lenses have not been treated or tested and must be made impact resistant before dispensing.  
(3) RAISED LEDGE multifocals have been made impact resistant, but are exempted from drop ball testing.

COMMENTS: J-10227755 LI-3 T-9113

*[Signature]*

**Sub Total** 34.00

**Freight**

**Total Due** 34.00

FROM: 110666

POSTMASTER: IF THIS PACKAGE IS NOT DELIVERED IN FIVE DAYS, PLEASE RETURN TO SENDER

SHIP TO: FCI MCKEAN HEALTH SVC  
RT 59 BIG SHANTY RD  
LEWIS RUN, PA, 16738

000262

513-110

NSN 7540-00-634-4127

MEDICAL RECORD		CONSULTATION SHEET	
REQUEST			
TO: OPTOMETRIST	FROM: (Requesting physician or activity) Dennis Olson, MD, CD	DATE OF REQUEST	
REASON FOR REQUEST (Complaints and findings) EYE EXAM : SUBJECTIVE : <sup>hesC</sup> blur @ far last couple of months age 42			
PROVISIONAL DIAGNOSIS			
DOCTOR'S SIGNATURE D. OLSON, M.D.	APPROVED	PLACE OF CONSULTATION <input type="checkbox"/> BEDSIDE <input type="checkbox"/> ON CALL	<input type="checkbox"/> ROUTINE <input type="checkbox"/> TODAY <input type="checkbox"/> 72 HOURS <input type="checkbox"/> EMERGENCY
CONSULTATION REPORT			
RECORD REVIEWED <input type="checkbox"/> YES <input type="checkbox"/> NO		PATIENT EXAMINED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Visual Acuity Distance OD 20/30 OS 20/30		TONOMETRY: OD OS	
Near OD .37m OS .37m			
External Normal 67			
Internal			
Refraction OD -.50 -1.75 x 105 20/20		54 x 22 x 6	
OS -.25 -1.75 x 60 20/20			
Diagnosis CMA			
Analysis requires eyeglasses for distance vision			
Plan order eyeglasses for distance vision			
(Continue on reverse side)			
SIGNATURE AND TITLE Christian J. Horvath		DATE 6/16/06	
IDENTIFICATION NO.	ORGANIZATION FCI McKean	REGISTER NO. 10924-050	WARD NO.
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility) 6/16/06 Dennis Olson, MD Physician Moshier, Donald			

CONSULTATION SHEET  
Medical Record

000263

## Eyeglass Prescription

TRAY NO.		ARRIVAL DATE		PRESCRIPTION NO.	
INSTITUTION:					
CITY				ZIP	
STATE					
LENSES					
EXTRA					
FRAME OR MTG					
MISC					

MUSHIER, DONALD  
10924-052  
FBI-McKean

	SPHERE	CYLINDER	AXIS	PRISM	DIRECTION	IN DEC OUT	
DISTANCE	R	-1.50	-0.75	105			
	L	-2.25	-0.75	60			
ADD	R						
	L						

SEGMENT INSTRUCTIONS				PUPILLARY WIDTH	
HEIGHT	WIDTH	INSET		DIST.	NEAR
R				67	X
L					

SEG. STYLE	ORTH. F. TILLER D	EXECUTIVE TYPE	KRYPTOK	PANOPTIK	CURVED TOP	TRIFOCAL AND TYPE	STRAIGHT TOP	OTHER
	22		22	22-24	22-25		22 28 45 25 35	

FRAME OR SHAPE: 29 *Emolb*

EYE SIZE: 54

BRIDGE SIZE: 22

TEMPLE LENGTH AND STYLE: 6 *ky*

Mail to:  
Federal Prison Industries  
Box 100  
Butner, N.C. 27509

SPECIAL INSTRUCTIONS  
( ) LENS ONLY  
( ) FRAMES ONLY

*plastic*

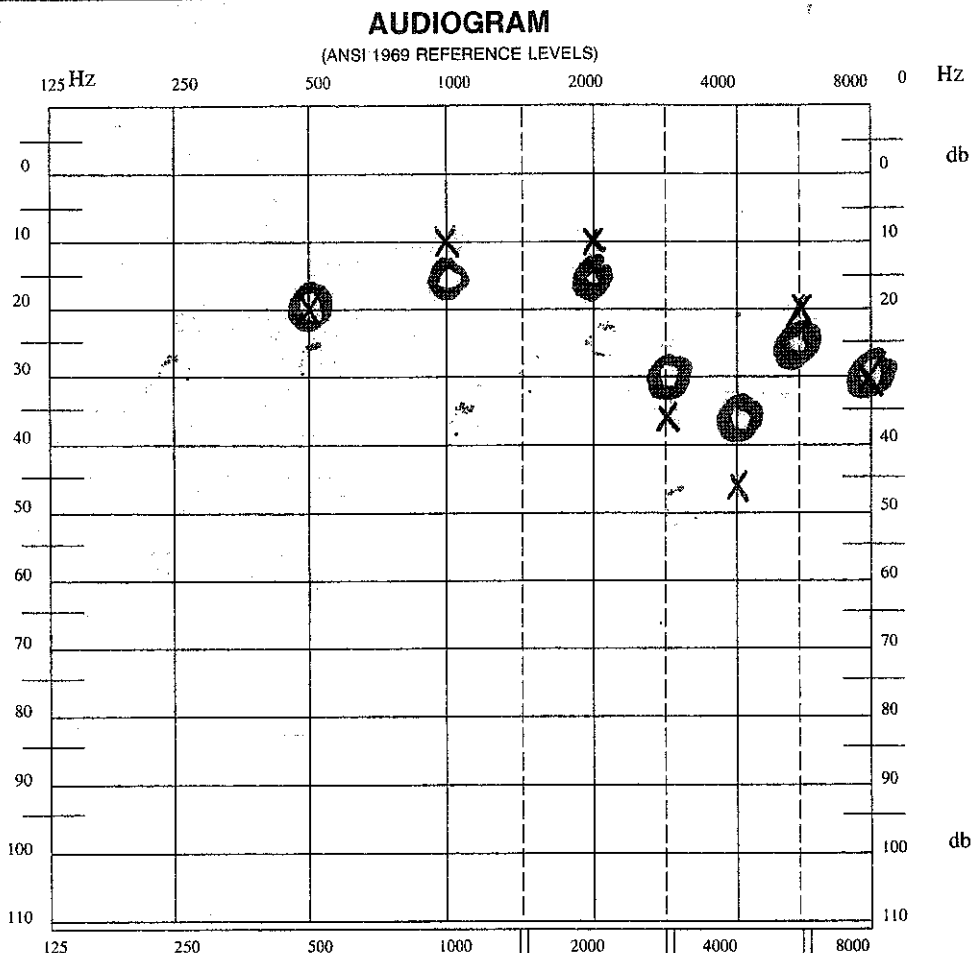
*Christian J. Howard* 6/16/04  
DATE  
SIGNATURE  
USP LVN

Previous editions not usable

BP-357(80)  
MAY 1984

CODE	
AIR UNMASKED	
RIGHT	○ — ○ RED
LEFT	X — X BLUE
AIR MASKED	
RIGHT	△ — △ RED
LEFT	□ — □ BLUE
BONE UNMASKED	
RIGHT	< — — — — < RED
LEFT	> — — — — > BLUE
BONE MASKED	
RIGHT	◁ — — — — ▷ RED
LEFT	▷ — — — — ▷ BLUE
THRESHOLD OF DISCOMFORT	
RIGHT	U — U RED
LEFT	U — U BLUE
NO RESPONSE	
OTHER (Specify)	

HEARING THRESHOLD LEVEL IN DECIBELS (db)



MASKING LEVEL  
IN OPPOSITE EAR

BC												BC
AC	L	R	L	R	L	R	L	R	L	R	L	AC

FOR 1951 ASA LEVELS, SUBTRACT VALUES SHOWN: 9DB 15 14 10 8.5 6 11.5  
10 8.5 9.5

EXAMINERS INITIALS	SPEECH AUDIOMETRY										PURE TONE AVERAGES		
	SPEECH RECEPTION THRESHOLD				ITEM	DISCRIMINATION SCORE (PB MAX)							
	1	2	3	4		1	2	3	4				
RIGHT EAR					RIGHT EAR					EAR	TWO FREQ.	THREE FREQ.	
					LIST MASKING LEVEL								
LEFT EAR					LEFT EAR					RIGHT			
MASKING LEVEL					LIST MASKING LEVEL					LEFT			

REMARKS

*Dr. D. Massa, MD*  
FDC Philadelphia

Baseline - UNICOR

WORK DETAIL		AUDIOMETER USED		EXAMINER	
WEID-2		MAICO		Bret Brosious, RT (R)	
NAME	REG. NUMBER	AGE	INSTITUTION	DATE	
MASHIER DONALD	10924-052	18 Aug 1961	USP Lewisburg Health Services Unit Lewisburg, PA 17837	13 Jul 2005	

000265

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SUICIDE RISK ASSESSMENT

Date .....: February 21, 2005  
Inmate .....: MOSHIER, DONALD  
Reg. No .....: 10924-052  
Unit: A

Author .....: KENT CANNON, PSY.D.  
Title .....: DAP COORDINATOR  
Institution : FCI MCKEAN

Housing ..... : ADM. DETENTION

Type of Attempt ..... : NO ATTEMPT

Lethality Assessment ..... : N/A

Overall Suicide Risk Level .. : Precise prediction of suicidal behavior is difficult and should be modified over time as circumstances change. Based on the findings noted below, the current overall risk of suicide is judged to be LOW.

Action ..... : A formal suicide watch is not warranted at this time

COMMENTS:

Section I: PERSON MAKING REFERRAL: Activities Lt. Garcia

Section II: REASON FOR REFERRAL: This inmate reportedly told Lt. Garcia, "If I don't see Dr. Rhinehart and the Warden after lunch then I will hang myself, because me being here is bullshit."

Section III: RISK FACTORS:

1. SOCIAL RELATIONAL:

N A. Significant Other(s) Status: His father is reportedly dieing of cancer, and he wants to phone him so his father won't needlessly drive here in bad weather. He said he looks forward to being reunited with his parents and his sons when he is released from prison.

P B. Imminent loss (see above). He said he fears not being able to talk to his father after his father dies from cancer.

N/S C. Status Issues: Significant alteration of circumstances: This inmate said he has no difficulty in this area.

2. SITUATIONAL:

P A. Criminal Justice Issues: This SHU inmate said he wants access to his property because he has only four days to ask for an extension on his legal appeal, before the time deadline elapses.

P B. Institutional Issues: This inmate is in the SHU for an

investigation for "encouraging a group demonstration." He said he never did this. He said staff "set me up for this," so he said he wants the Warden to transfer him to another facility. He said he is not having any problems with

o

\*\* LIMITED OFFICIAL USE \*\*

Suicide Risk Assessment  
MOSHIER, DONALD  
10924-052

Page 2

other inmates, aside from the fact that he said another inmate planted a shank in his cell awhile back.

N/S C. Safety Issues: This inmate does not view his prison environment as dangerous. He said he has nothing to fear here, and he said he will be able to cope well here - if he gets his property so he can make his legal appeal, and if he can phone his father to see how he is doing.

3. MEDICAL:

P A. Distressing Illness: Significant medical concern - chronic back problems and hepatitis C.

N/S B. Pain (Physical): Chronic back pain, and a skin rash covering much of his body. Low intensity and duration. "I can tolerate all of this, if I can just get my property to make my legal appeal, and phone my father."

N/S C. Chemical Abuse/Use: This inmate said this is not a problem for him; however, he was once given a diagnosis of Polysubstance Dependence on 4/14/03.

4. PSYCHIATRIC:

N/S A. Treatment History: Only short-term substance abuse counseling.

N/S B. Current Status: Axis II: Antisocial Personality Disorder.

5. PSYCHOLOGICAL:

N/S A. General Mental Health Status: "No, I am not having any suicidal thoughts or feelings. I also am not feeling depressed. I am just pissed-off that they won't give me my property and let me phone my father." This inmate did not appear to be depressed; instead, he appeared angry and manipulative. "The only reason why I told the Lt. that I was going to hang myself is because that is the only way an inmate can get any help around here (the SHU). No, I have not had a single suicidal thought, and I don't have a plan to take my life. I just want to phone my dad and get my property. I think staff are screwing with me, that's why they won't help me."

N/S B. Hopelessness-Helplessness: This inmate stated a strong desire to be reunited with his family when he is released from prison. He said he looks forward to being with his sons and his parents. We discussed ways he can better handle his stress. "I guess your right Dr. I was only looking at the negative, and I was not also thinking about being with my family. I don't want to mess-up and have to wait longer to see my family." This inmate clearly stated many things that he is hopeful for in his future, and many ways in which he does not feel helpless in his personal environment.

N/S C. Depression: This inmate clearly and strongly affirmed that he was NOT feeling depressed, and he did not appear to be feeling depressed. He did not manifest any vegetative symptoms.

000268

N/S D. Pain (Emotional): This inmate said that although he is feeling angry at staff for not giving him his property, for not letting him have access to the phones in SHU when he wants, and for placing him in SHU pending

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Suicide Risk Assessment  
MOSHIER, DONALD  
10924-052

Page 3

an investigation for "encouraging a group demonstration," he confidentially stated that he can cope with this and his other life and emotional stressors.

N/S E. Negative Cognitions (Emphasizing Self Concept): Although I assessed for this area, this inmate did not verbalize the presence of anything in this area. Instead, had appears to have a positive self-esteem, and was able to articulate positive alternatives. He only appeared to lie to staff in an effort to manipulate staff.

N/S F. Coping Resources: This inmate was easily able to articulate cogent reasons for living. He did not claim a history of serious deficits in coping, or evidence major deficits in basic living skills. He did not manifest constriction (e.g., an inability to see alternatives to present difficulties and distressing personal problem); etc.

6. HISTORICAL:

N/S A. Self-Destructive: This inmate denied past suicide attempt/gestures.

P B. Impulsivity: This inmate appears to have a history of impulsive and manipulative acting out, as is evidenced by his history of self-destructive substance abuse, history of violence, and history of illegal behavior.

N/S C. Personal Awareness Issues: This inmate said that none of his significant others have a history of suicide. He does not have any personal contact with suicidal individuals. He denied the presence of other unusual factors such as fascination with suicide through reading, religious suicide cult ideology; etc.

7. BEHAVIORAL:

N/S A. Self-Destructive: This inmate said he does not have a history of self-inflicted injury or suicide attempt.

N/S B. Withdrawal: This inmate does not appear to be isolating, or reducing his interaction with others including inmates, staff, or family; instead, he complains of not being able to phone his family, and his desire to win his appeal so he can be with his sons sooner. He said he is eating his meals.

N/S C. Changes: This inmate complained that he is not being given more frequent access to the inmate showers while he is being housed in the SHU. He also complained that he is not being given "Irish Spring" soap, because it is "easier on his skin," because of his skin condition. He also complained of having to sleep on the floor in his SHU cell because there are so many inmates in his SHU cell, because he finds it uncomfortable, and it is harder for him to get a good nights sleep, like he wants.

000270

N/S D. Related Actions: There was no evidence to suggest that this inmate was engaged in hoarding medications, stealing medications, buying drugs, collecting materials such as making a rope, writing a suicide letter

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Suicide Risk Assessment  
MOSHIER, DONALD  
10924-052

Page 4

with death references, making final arrangement, or putting his affairs "in order," etc.

8. MOTIVATIONAL:

N/S A. Intentionality: It was determined that this inmate did not have a desire to die, escape, effect change, or solve a problem through death. Instead, he clearly stated that he wanted to live, and was looking forward to being with his family. He clearly stated that the ONLY reason he lied, and told the Lt. that he was suicidal, was because he felt that this was the only way he could get his property and a phone call, and get a chance to tell the Warden that he wanted to be moved to another facility.

N/S B. Plan: This inmate clearly stated that he did not have a plan, or tools with which to take his life.

N/S C. Goals: This inmate did not see death as an escape, nor was he imagining scenes of life after death in peaceful setting. This inmate demonstrated a willingness to work with this clinician, and we established a therapeutic alliance. He said if he had any other problems, he would ask to speak with a psychologist, instead of trying to manipulate staff. He convincingly contracted to seek help in the unexpected event that he had a crisis. "I know Dr. Rhinehart will come and help me if I need him to."

1. The "Prison Suicide Risk Assessment Checklist" was developed by the psychology services staff at the Federal Transfer Center, Oklahoma City, Oklahoma in 1997; David F. Wedeking, Ph.D., Theresa L. Johnson, Ph.D., David K. Carlson, Psy.D., Richard R. Ray, M.S., and Katie N. Levins, M.A.

2. P stands for "Potential Problem Area Identified"; and N/S stands for "Nothing Significant Noted."

SECTION IV CONCLUSIONS AND RECOMMENDATIONS: It was therefore determined that this inmate is not at imminent risk for suicidal behavior. Instead, his verbalization that he might hang himself was determined to represent an effort on his part to manipulate staff. This inmate was encouraged not to manipulate staff like this in the future. He said he would not do this again. Staff are encouraged to closely monitor this inmate, and should they have any concerns about how he is doing, to immediately refer him to the Psych. Dept.

cc: A-Unit Manager, T.M. Murphy  
Capt.  
HSA  
A/W Grimm  
Warden  
Dr. Rhinehart

000272

**BRADFORD REGIONAL MEDICAL CENTER**

5 Interstate Parkway  
Bradford, Pennsylvania 16701

**DEPARTMENT OF PATHOLOGY**

**SURGICAL PATHOLOGY REPORT**

Moshier, Donald  
M 43 DOB 8/18/61  
MR# 226525

Dr. Horsley/Beam  
4447798 FC: 11  
ROOM: OP

DATE OF OPERATION: 08-24-04  
Received in Pathology: 08-24-04

PATHOLOGY NUMBER: S04-3048

PRE-OP DX: Elevated LFTS  
PROCEDURE: CT Guided Needle Biopsy  
CLINICAL INFORMATION:

**SPECIMEN/LOCATION:** CT Guided Needle Biopsy of Liver

**GROSS DESCRIPTION:** The specimen received in formalin consists of four tan-brown, linear soft tissue fragments, varying from 0.7 to 1 cm in length and 0.1 cm in diameter. The entire specimen is submitted.

**MICROSTUDY DIAGNOSIS:**

CT Guided Needle Biopsy of Liver:  
Cirrhosis of liver, micro-nodular pattern, active. See comment.

**COMMENT:** Focally hepatocytes show mild to moderate micro and macrovesicular fatty degeneration with focal ballooned hepatocytes, focal areas of piecemeal necrosis. Special stains, trichrome, show increased fibrous tissue. Special stains for Iron do not show increased stainable Iron. The possible etiology includes among others the following: alcoholic cirrhosis, viral hepatitis with cirrhosis. Findings should be clinically correlated.

DATE OF REPORT: 08-26-04

*Syed Ally*  
Syed Ally, MD

REVIEWED BY:

*H. Beam*  
9/7/04

H. BEAM, MD  
FCI MCKEAN

000273

**Bradford Regional Medical Center**116 Interstate Parkway  
Bradford, Pa 16701**Department of Medical Records**

---

Patient: MOSHIER,DONALD	Medical Record #: M000226525	Acct #: V04546554
DOB: 08/18/1961	Age: 43	Sex: M
Admitting MD: Graham, Nathaniel MD	Room/Bed: 446A-1	Location: 4EAST
Admit Date: 04/18/05	Discharge Date: 04/27/05 / 1347	

---

**DISCHARGE SUMMARY**

**DISCHARGE DIAGNOSIS:** Severe acute cholecystitis with signs of gangrene at the gallbladder clinically.

**PROCEDURE:** Open cholecystectomy.

**HISTORY:** See HP.

**HOSPITAL COURSE:** The patient was brought to the hospital and given intravenous fluids and antibiotics in an attempt to cool down his cholecystitis. This was unsuccessful, and he required emergent operation. Because of the amount of guarding and expected amount of inflammation, it was planned as an open procedure which was carried out without complications. He recovered very well, particularly considering his comorbidities including hepatitis C with cirrhosis. He improved gradually. JP drain was left in for 5 days. Kept on Zosyn as an antibiotic. He is now eating regular food. The incision is healing well. He has been having some diarrhea in the last 24 to 48 hours. It appears to be related to his antibiotics. We will get a stool titer for C. difficile. Started him on acidophilus, and I have discussed with Dr. \_\_\_\_\_ at FCI McKean. He has now been in the hospital for 8 postop days and is ready to be discharged, and he will be followed by the physicians at FCI McKean.

**PROGNOSIS:** Good in the short term for his cholecystitis. Guarded for his hepatitis.

Job#: 4560034 / 891280

Signed By: \_\_\_\_\_

Graham, Nathaniel MD

GRAHNA/PRECYSE

DDT: 04/27/05 0911

TDT: 04/27/05 2159

Report Number: 0427-0062

cc:

FCI MCKEAN

Graham, Nathaniel MD

Reviewed by D. Olson, MD  
Date: 5/2/05

000274



## Patient Discharge Instructions

Address:

V04546554 M 08/18/61 43

MOSHIER, DONALD

Graham, Nathaniel MD

M000226525 4EAST 446A-1

Date 4/27/05

Diet	Activity	Medication Sheet Given
<u>low fat</u>	<u>No heavy lifting</u>	
Medications: <u>Acidoph. 11.5 one tablet with meals</u>		<input type="checkbox"/>
<u>Resume prior medications</u>		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

Special Instructions \_\_\_\_\_

Patient Education Materials distributed and explained: \_\_\_\_\_

Pneumococcal / Influenza Vaccine	Ordered	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Manufacturer _____
	Given	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Follow Up: Please see your physician		Please make an appointment		
_____		_____		
_____		_____		

The above instructions were explained to me. I have received medication sheets and prescriptions, if applicable. I have received a copy of the discharge instructions sheet and have no further questions.



469

*Moshier*  
*10924-052*

*Donald C. Moshier*  
 Signature of Patient or Responsible Other

*Chad R. Smith*  
 Signature of Discharging Nurse

000275

White - Patient Yellow - Medical Records Pink - Physician

H. BEAM, MD

6000-469 9/03

Kane Community Hospital; Kane, PA 16735 (814) 837-8585

## PATIENT DISCHARGE INSTRUCTIONS

### 1. Diagnoses:

<b>2. Medications:</b>	Fax to	Pharmacy	If brand necessary, write BMN
------------------------	--------	----------	-------------------------------

Fill*	Drug and dose	Directions
-------	---------------	------------

Oty	Ref	BMN	am r
-----	-----	-----	------

08/18/1961 31916/  
ANDERSON, GARY 04/14/05 286109  
111111111 M 43 INPATIENT

[illegible]

**\*Doctor, please place an "N" in the fill box that corresponds with medications you don't want the pharmacist to fill.**  
**Not valid for Schedule II Controlled Drugs. DEA number \_\_\_\_\_ (if CIII-V)**

### 3. Diet:

EGD @ 4/15/05

## Driving

#### 4. Activity:

Cardiac w/u (-)

### Follow-up visit Dr

ct scan chest pending report

**Follow-up:** \_\_\_\_\_ days/months

5. Special Instructions: (meds, dressing changes, wound care, etc)

6. Lab/X-ray/etc:

Echocardiogram at Dr. Aronson of the

Call office at  
837-9750 for appt

### 7. Health Care Referral:

Sturklost KCH as output

Cardiac Lab to  
call FC1 e app<sup>+</sup>.

8. Discharge with Home Health: yes

no

PT

OT

## Speech

Other

**If you are experiencing problems (anything abnormal or of unusual concern to you) in any of the above listed areas, contact your physician. If your physician is unavailable, go to the Emergency Room.**

I have received a copy of the above instructions. I have read and understand them.

**Patient/Representative Signature**

Date:

Instructions given by:

Date:

**Physician's signature**

Date \_\_\_\_\_

Patient/caregiver verbalizes understanding: yes no

Reviewed by D. Olson, MD

Date:

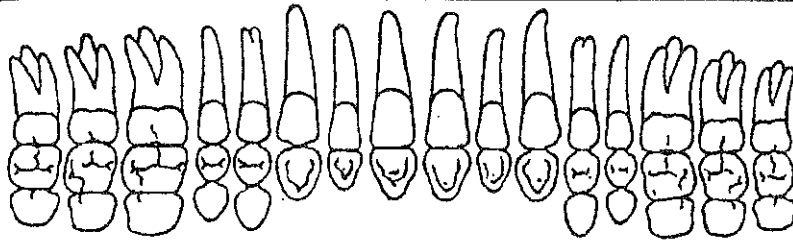
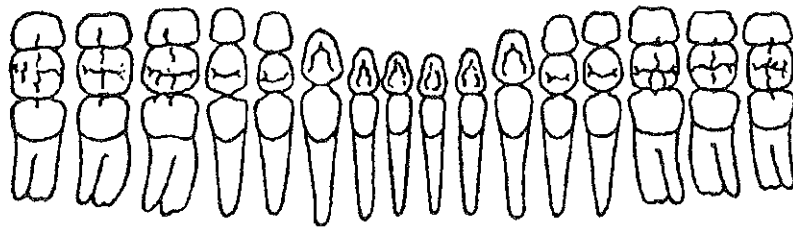
000276

44 BEAM, MD  
FCI MCKEAN

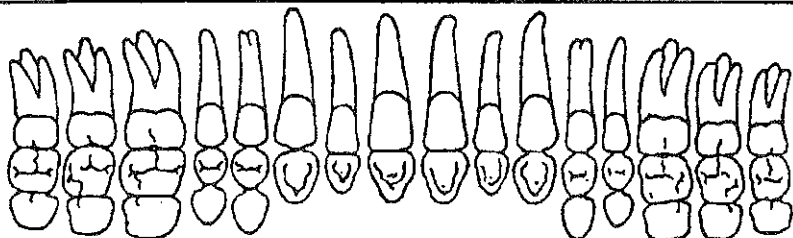
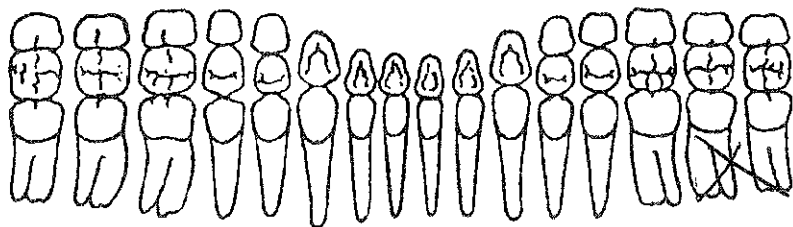
BP-618.060 CLINICAL DENTAL RECORDS CDFRM  
MAR 02

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

Examination: ☐ Screening ☐ Comprehensive ☐ Periodic
 RIGHT 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 LEFT  
 32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17


Treatment Completed


 RIGHT 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 LEFT  
 32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17


Patient Name Number Sex: M F Age:

 Moshier JR, Donald  
 10924 052

 USF DENTISURG  
 HEALTH OFFICIALS UNIT  
 151-200-11, 151-200-12

Occlusion

Oral Hygiene

Good Fair Poor

CPITN

Head &amp; Neck/Soft tissue

Additional Findings

D: \_\_\_\_\_

M: \_\_\_\_\_

F: \_\_\_\_\_

Examiner Signature

Date

Recommended Treatment Plan

☐ Radiographs☐ Dental Prophylaxis☐ Oral Hygiene Instruction☐ Periodontal Evaluation O I II III☐ Oral Surgical Procedures☐ Endodontic☐ Restorative☐ Prosthodontic Evaluation

Dentist Signature

Date

000277

## Federal Bureau of Prisons Clinical Dental Records

Date/Time	#	Diagnosis - Treatment - Remarks
1-13-06 1210	18	Pt seen today w/o benefit of medical record. S: Constant TA, LLQ, X 2 mos O: No swelling in LLQ. #18 perc (+). PAXR #18 - read. A: Acute PA abscess? Irrev. Pulpalgia #18. M.H.R. P: Informed consent signed. Mand block 1.8cc 0.5% Marcaine 1:200,000 epi. 1.8cc 2% Lidocaine 1:100,000 epi. Ext #18. Hemostasis. PATG. OTC analgesic for pain. <del>A</del>

000278

BP-A787.060

MAY 03

## DENTAL/MEDICAL HEALTH HISTORY

U.S. DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF PRISONS

Language template provided in Spanish \_\_\_\_\_, or \_\_\_\_\_

1. Are you currently taking any medication? If so, what? <u>NADROXEN, Lamictine, Dexamethasone</u>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
2. Are you allergic to or have you had a reaction to any medication or drug? If so, what? <u>Rice only</u>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3. Have you been under the care of a physician during the past two years? If so, what? _____	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
4. Have you been hospitalized in the past two years? If so, what? _____	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
5. Do you have or have you ever had a heart murmur or been treated for a heart condition?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
6. Have you ever been treated for a tumor, growth, or cancer? <u>Not yet</u>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
7. Have you ever had excessive or prolonged bleeding as result of a medical condition or medication (ex. Hemophilia or blood thinners)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
8. Do you have a latex allergy?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
8. Do you currently use tobacco products?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
10. WOMEN ONLY: Are you pregnant	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## Check any of the following that you have had:

- |                                                             |                                                                                                                                              |                                                |
|-------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Congenital hear defects            | <input type="checkbox"/> Arthritis                                                                                                           | <input type="checkbox"/> Epilepsy or seizures  |
| <input type="checkbox"/> Heart attack or heart problems     | <input type="checkbox"/> Artificial heart valve                                                                                              | <input checked="" type="checkbox"/> Diabetes   |
| <input type="checkbox"/> Stroke                             | <input checked="" type="checkbox"/> Hepatitis ( <input type="checkbox"/> A <input type="checkbox"/> B <input checked="" type="checkbox"/> C) | <input type="checkbox"/> AIDS or HIV Infection |
| <input type="checkbox"/> Rheumatic fever                    | <input type="checkbox"/> Any type of transplant                                                                                              | <input type="checkbox"/> Emphysema             |
| <input type="checkbox"/> Mitral Valve Prolapse              | <input type="checkbox"/> Steroid treatment                                                                                                   | <input type="checkbox"/> Tuberculosis (TB)     |
| <input checked="" type="checkbox"/> Anemia (blood problems) | <input type="checkbox"/> Sickle Cell Anemia                                                                                                  | <input type="checkbox"/> Psychiatric treatment |
| <input type="checkbox"/> Thyroid problems                   | <input type="checkbox"/> Angina                                                                                                              | <input type="checkbox"/> Artificial joint      |
| <input type="checkbox"/> Chronic bronchitis                 | <input checked="" type="checkbox"/> High blood pressure                                                                                      | <input type="checkbox"/> Radiation therapy     |
| <input type="checkbox"/> STD (syphilis, gonorrhea, herpes)  | <input type="checkbox"/> Heart pacemaker                                                                                                     | <input checked="" type="checkbox"/> Asthma     |
| <input type="checkbox"/> Angio edema                        | <input type="checkbox"/> Glucose - 6 - phosphate dehydrogenase deficiency                                                                    |                                                |

Do you have any disease, condition, or problem not listed? \_\_\_\_\_

## Check any of the following that you have had or applies to you:

- |                                                     |                                                            |                                         |
|-----------------------------------------------------|------------------------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Sensitive teeth            | <input type="checkbox"/> unusual sounds while eating       | <input type="checkbox"/> Burning tongue |
| <input type="checkbox"/> Bleeding gums              | <input checked="" type="checkbox"/> Snoring                | <input type="checkbox"/> Bad breath     |
| <input type="checkbox"/> Food Impaction             | <input type="checkbox"/> Blisters on lips or mouth         | <input type="checkbox"/> Decayed teeth  |
| <input checked="" type="checkbox"/> Pain around ear | <input type="checkbox"/> Clenching or grinding             | <input type="checkbox"/> Loose teeth    |
| <input checked="" type="checkbox"/> Tooth ache      | <input type="checkbox"/> Tooth ache                        | <input type="checkbox"/> Wear dentures  |
| <input type="checkbox"/> Wear partial dentures      | <input type="checkbox"/> Swelling or lumps in mouth/throat |                                         |

Printed Name: <u>DONALD L MASHIER JR</u>	Signature: <u>[Signature]</u>
Reg. No.: <u>10924-952</u>	Institution: <u>USP</u>
Date: <u>1/13/96</u>	Updated:

(This form may be replicated via WP)

USP LEWISBURG  
HEALTH SERVICES UNIT

0002~9

BP-A805.060

SEP 03

## INFORMED CONSENT FOR ORAL AND MAXILLOFACIAL SURGERY

U.S. DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF PRISONSExplained In: (check one) ☒ English ☐ Spanish ☐ Other \_\_\_\_\_ (specific language)Alternative to surgery: *4*

I understand that if this procedure is not performed my condition may worsen resulting in complications including but not limited to:

1. Infection
2. Pain
3. Health complications beyond the present problem.

Possible complications which have been explained to me:

1. Pain
2. Dry socket (alveolitis)
3. Infection
4. Decision to leave a small piece of tooth root in the jaw when its removal would require extensive surgery and increased risk of complications.
5. Bleeding and bruising
6. Swelling
7. Injury to adjacent teeth or restorations
8. Maxillary sinus involvement
9. Nerve injury
10. Bony fractures
11. Temporomandibular joint disorder

I have had the opportunity to discuss and to ask question about my surgery with Dr. <u>Ippolito</u>	
I consent to the surgery as described. <u>Remove lower left 2nd molar</u>	
The above information has been explained to me in a language I can understand.	
Signature of Patient <u>Donald Moshier</u>	
Date: <u>1/13/06</u>	Time: <u>12:20</u>
Doctor's printed name <u>Ippolito DDS</u>	Doctor's Signature <u>[Signature]</u>
Witness (not required)	

Inmate Name <u>Donald Moshier JR</u>
Register No.: <u>19924052</u>
Institution: <u>USP LEWISBURG HEALTH SERVICES UNIT LEWISBURG, PA 17837</u>

(This form may be replicated via WP)

000280

BP-618.060 CLINICAL DENTAL RECORDS CDFRM  
MAR 02

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

Examination: <input type="checkbox"/> Screening <input type="checkbox"/> Comprehensive <input type="checkbox"/> Periodic		Occlusion	
		Oral Hygiene Good      Fair      Poor	
		CPITN	
		Head & Neck/Soft tissue	
Additional Findings D: _____ M: _____ F: _____		Examiner Signature _____ Date _____	
Treatment Completed		Recommended Treatment Plan	
		<input type="checkbox"/> Radiographs	
		<input type="checkbox"/> Dental Prophylaxis <input type="checkbox"/> Oral Hygiene Instruction <input type="checkbox"/> Periodontal Evaluation    O    I    II    III	
		<input type="checkbox"/> Oral Surgical Procedures	
		<input type="checkbox"/> Endodontic	
		<input type="checkbox"/> Restorative	
<input type="checkbox"/> Prosthodontic Evaluation		Dentist Signature _____ Date _____	

Patient Name

Number

Sex: M F Age:

Moshier Donald  
10924 052

LEWISBURG  
HEALTH SERVICES UNIT  
LEWISBURG, PA 17837

000281

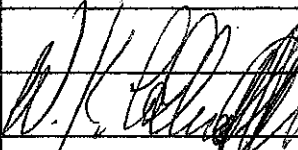
Federal Bureau of Prisons Clinical Dental Records

[illegible]

000282

HRSA-237 (4/95)  
(REVERSE)

## DENTAL TREATMENT RECORD (Continuation)

DATE	DIAGNOSIS - TREATMENT - REMARKS	SIGNATURE
01/25/05 1313 hrs	<p>P: - Lidocaine 2% @ 1:100,000 epi. x 2 1/2 cups</p> <ul style="list-style-type: none"> <li>- Old restoration &amp; slight caries removed</li> <li>- Dycal, 3M bonding agent, Hetas Conditioner - acid etch</li> <li>- TPH Resin restoration material</li> <li>- Occlusal adjustment and finish of restoration.</li> </ul>	 William K. Collins, D.D.S. CDO FCI McKean

MOSHIER, DONALD

**FCI McKean**

000283

## CLINICAL RECORD

## DENTAL TREATMENT RECORD (Continuation)

DATE	DIAGNOSIS - TREATMENT - REMARKS	SIGNATURE
11-2-04 0830	SOA: R/V St Ja restoration Med Hist Prod. NKDA. P: Zirconia 1:100,000 2%piX1 Otc. anal & Copalite varnish #2	W. K. Collins, DDS CDO FCI McKean
1-25-05 1315 hrs.	S: "My filling in the back keeps getting food under it and it hurts." Pt points to #32; PT# 3/10 O: Med Hist Prod: GERD, NKDA #32, small part of lingual tooth structure missing under previous restoration ⊖ Percussion, ⊖ Palpation ⊖ Mobility PAX: Small radiolucency between restoration and tooth structure. A: #32 fractured tooth structure P: Assessment explained to patient	W. K. Collins, DDS CDO FCI McKean

(Continued On Reverse Side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle; grade; date; hospital or medical facility)

REGISTER NO.

10924-052

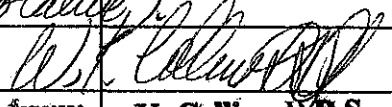
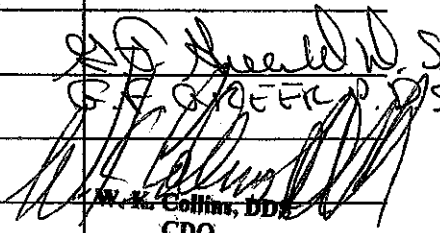
WARD NO.

McKean

DENTAL TREATMENT RECORD  
HRSA-237 (4/95)

EF

000284

CLINICAL RECORD		DENTAL TREATMENT RECORD (Continuation)	
DATE	DIAGNOSIS - TREATMENT - REMARKS	SIGNATURE	
6/21/04 0922 hrs	O: Med Hx Rev'd: NKDA u/s <sup>error WKC</sup> 6/21/04 #17, PEX: suspicious area at end of roots A: #17, Chronic caries; possible initial stages of an abscess. P: Advised patient of assessment & patient understands. Patient to watch call outs for next appointment: #17 (restorative)	 William K. Collins, D.D.S. CDO FCI McKean	
6/28/04 0800 hrs	SOA: Med Hx Rev'd WKC P: occ anal #17 & Cephalit warmil Pt. to watch call outs for next expt. comp exam.	 William K. Collins, D.D.S. CDO FCI McKean	

PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle; grade; date; hospital or medical facility)

Moshier, Donald

REGISTER NO.  
10924-052

WARD NO.

DENTAL TREATMENT RECORD  
HRSA-237 (4/95)

FCI McKean

000285

EF

HRSA-237 (4/95)  
(REVERSE)

LCI WCK08U

## DENTAL TREATMENT RECORD (Continuation)

DATE	DIAGNOSIS - TREATMENT - REMARKS	SIGNATURE
7-14-04 1130 hrs	SOAP: Pt. was unable to keep <sup>11:30</sup> appt due to no movement on the compound.	<i>[Signature]</i> G.F. GREER, D.D.S.
7-14-04 1330 hrs	SOAP: Recall Pt Med Hist Rnd NKDA P: - I-dorain 1:100,000 2% x1 occ anal. replaced in #17. Next replace temp rests & run rest.	<i>[Signature]</i> G.F. GREER, D.D.S.
7-26-04 1355 hrs	SOAP: Rt care Pt. Med Hist Rnd NKDA P: PAX of #32. Temp rest. appears to be a resin. that was placed 3 yrs ago. Rest is in good cond & does not need replaced Canal Rt. under stand Pt to R.T.C for rest in #2	<i>[Signature]</i> G.F. GREER, D.D.S.

000286

BP-S618.060 CLINICAL DENTAL RECORD CDFRM  
AUG 96

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

Examination: ☒ Screening ☐ Comprehensive ☐ Periodic

Occlusion

Class I

Oral Hygiene

Good

Fair

Poor

CPITN

—	3	—
3	3	—

Head &amp; Neck/Soft Tissue

WNL

Additional Findings

Crossbite - Ant (e)

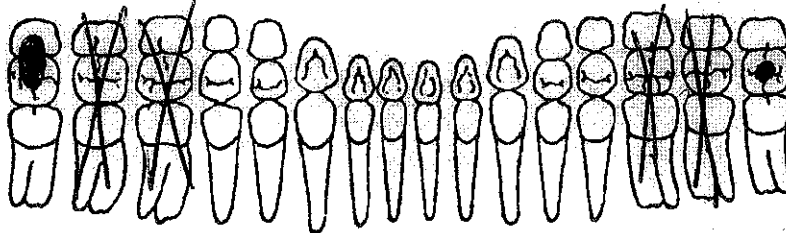
D: 2

M: 8

F: 1

RIGHT 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 LEFT

32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17



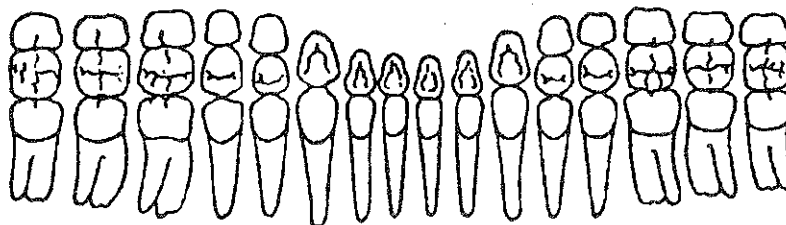
Treatment Completed

Recommended Treatment Plan

☒ Radiographs☒ Dental Prophylaxis☒ Oral Hygiene Instruction☐ Periodontal Evaluation 0 I II III☐ Oral Surgical Procedures☐ Endodontic☒ Restorative☐ Prosthodontic Evaluation

RIGHT 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 LEFT

32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17



Patient Name Number Sex M F Age:

Moshier, Donald

10904-050

8-18-61

40

FCI McKean

W.K. COLLINS, DDS  
CDO  
FCI McKean

Dentist Signature

Date

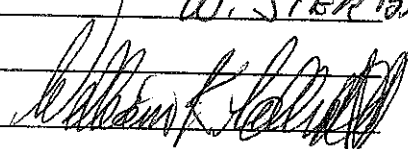
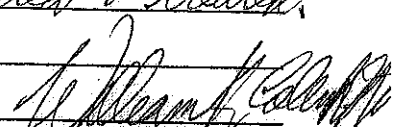
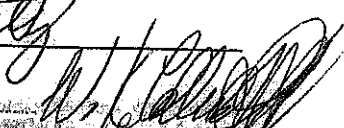
W.G. STERNA, DDS

4/10/02

W.G. STERNA, DDS

000287

## Federal Bureau of Prisons Clinical Dental Records

Date/Time	#	Diagnosis - Treatment - Remarks
6/10/04 1300		A+O exam, Health History reviewed. Sick call and call out procedures explained - J. STEPHENSON W. STEPHENSON  W.K. COLLINS CDO FCI McKean
03/05/03 134 hrs		S: Patient alerted Acting I-5A Montgomery that he had eaten his lunch and gotten down on a piece of glass that cut his gum and which he then swallowed. O: Patient was instructed to wait and he would be seen: Once by the DA and secondly by this practitioner. Patient was then called but was not present due to leaving the clinic waiting area. A: None P: Patient left before being evaluated & treated.  W.K. Collins, DDS Chief Dental
06/21/04 0920 hrs		S: "I have a tooth that is hurting at the bottom left." (PT # 07), Patient points to # 17; O: # 17, small-medium occlusal decay + Perc., - Palp., +1 Mobility  William K. Collins, D.D.S. CDO FCI McKean

000288

September 15, 1996

Attachment IV-E, Page 1

FEDERAL BUREAU OF PRISONS  
DENTAL/MEDICAL HEALTH HISTORY FORM

1. Are you currently taking any medication? yes ☒ no  
If so, what? \_\_\_\_\_
2. Are you allergic to or have you had a reaction to any medication or drug? If so, what? yes ☒ no  
\_\_\_\_\_
3. Have you been under the care of a physician during the past two years? If so, why? yes ☒ no  
\_\_\_\_\_
4. Have you been hospitalized in the past two years? If so, why? yes ☒ no  
\_\_\_\_\_
5. Do you have or have you ever had a heart murmur or been treated for a heart condition? yes ☒ no
6. Do your ankles ever swell during the day? yes ☒ no
7. Have you ever been treated for a tumor or growth? yes ☒ no
8. Have you ever had abnormal bleeding? yes ☒ no
9. Have you ever had serious difficulty with any dental treatment? yes ☒ no
10. Have you ever had clicking, popping, or pain in your jaw joint? yes ☒ no

Circle any of the following that you have had:

Congenital heart defects	Heart murmur
Heart attack or heart problems	Angina
Stroke	High Blood pressure
Rheumatic Fever	Heart pacemaker
Asthma	Epilepsy or seizures
Anemia (blood problems)	Diabetes
Thyroid problems	AIDS or HIV infection
Chronic bronchitis	Emphysema
Venereal disease (syphilis, gonorrhea)	Tuberculosis (TB)
Arthritis	Psychiatric treatment
Artificial heart valve	Artificial joint
Hepatitis	

Do you currently use tobacco (cigarettes, chewing tobacco, snuff)? ☒ yes ☐ no

Do you have any disease, condition, or problem not listed?

WOMEN ONLY: Are you pregnant?

Name: Donald E. Moshier Sr.Reg No. 10924-052Institution: McKean A/BDate: 6/10/02

000289

2-S618.060 CLINICAL DENTAL RECORD CDFRM  
JG 96

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

Examination: ☒ Screening ☐ Comprehensive ☐ Periodic

Occlusion

Oral Hygiene

Good

Fair

Poor

CPITN

Head & Neck/Soft Tissue WNL

Additional Findings ~~TMJ DYSFUNCTION~~ ☒ CALCULUS ☐ Light

☐ Moderate

☐ Heavy

D: —

M: —

F: —

☒ GINGIVITIS

☐ Mild ☒ Moderate ☐ Severe

bleeding on probing

*Bilateral mandibular torus*

Recommended Treatment Plan

☐ Radiographs

☐ Dental Prophylaxis

☒ Oral Hygiene Instruction *P7 1st*

☐ Periodontal Evaluation 0 I II III

☐ Oral Surgical Procedures

☐ Endodontic

☐ Restorative

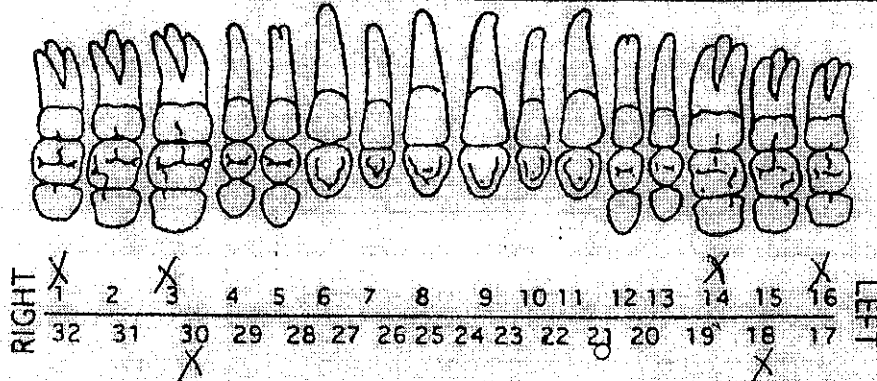
☐ Prosthodontic Evaluation

Dentist Signature

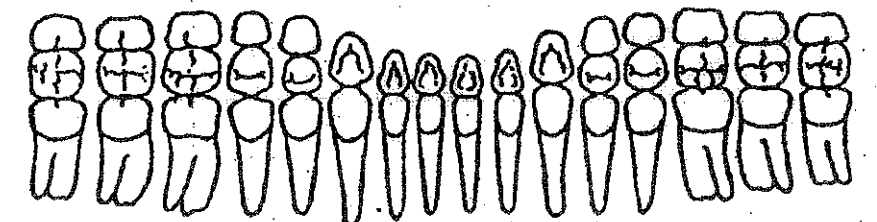
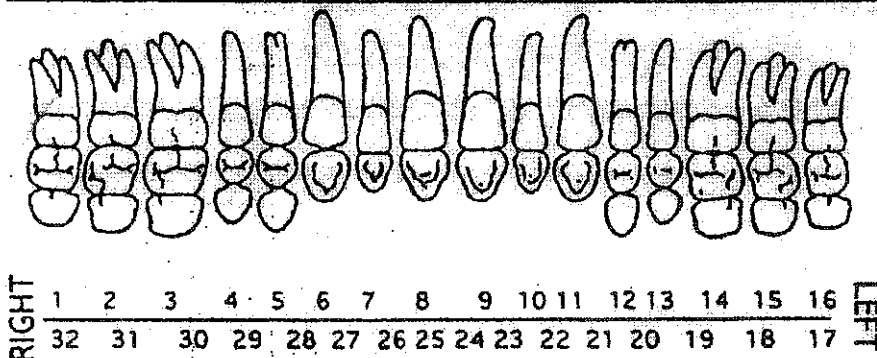
Date

*OT Hamilton*

*5/23/02*



Treatment Completed



Patient Name Number Sex: ☒ M ☐ F Age: 40

*MOSHIER DONALD 10924-052*

DATE OF BIRTH *8/18/1961*

RELEASE DATE *1/1/*

HEALTH SERVICE UNIT  
MDC BROOKLYN  
100 29 TH STREET  
BROOKLYN, NEW YORK 11232

000290

**Federal Bureau of Prisons Clinical Dental Records**

Date/Time	#	Diagnosis - Treatment - Remarks
		A & O Dental Screening OHI Given
5/23/02 13:00		Explained Dental Sick Call

**Bradford Regional Medical Center**

116 Interstate Parkway  
Bradford, Pa 16701

**Department of Medical Records**

**Patient:** MOSHIER,DONALD

**Medical Record #:** M000226525

**Acct #:** V04546554

**DOB:** 08/18/1961

**Age:** 43

**Sex:** M

**Attending MD:** Graham,Nathaniel MD  
4EAST

**Location:**

**Date of Service:** 04/18/05

**HISTORY AND PHYSICAL**

**CHIEF COMPLAINT:** Acute cholecystitis.

**HISTORY:** This is a 43-year-old white male who is an inmate at FCI McKean. He has a history of hepatitis C and has been on interferon now for some time, but having some difficulties. Recently, he began having abdominal pain and over the last 3 weeks, this pain which was initially only in the right upper quadrant and after meals became more severe and long lasting, and it is now constant. The pain is becoming more diffuse. Last week, he was referred to the Kane Hospital, underwent medical workup including ultrasound, CT, and apparently an EGD. He was diagnosed with acute cholecystitis, given some antibiotics, had some improvement, and went back to FCI McKean. Over the last day or so, he has been getting much worse clinically. His LFTs have actually looked better than they were before when he was at the height of his problems with hepatitis C. He is having more distress and was referred for surgical evaluation.

**PAST MEDICAL HISTORY:** Low back pain and hepatitis C.

**MEDICATIONS:**

1. Interferon 180 micrograms 1 weekly.
2. Ribavirin 600 milligrams b.i.d.
3. Lactulose 1 tablespoon b.i.d.
4. Zantac 150 daily.
5. Omeprazole 20 milligrams daily.
6. Albuterol inhaler 2 puffs q.i.d.
7. Doxycycline 10 milligrams p.o. b.i.d.

**PAST SURGICAL HISTORY:** Appendectomy, left knee surgery, and liver biopsy.

**FAMILY HISTORY:** Remarkable for cancer, emphysema, diabetes, and hypertension in his father and diabetes in his mother.

**SOCIAL HISTORY:** The patient used to smoke, but quit. He is separated and has 4 children.

**REVIEW OF SYSTEMS:** Denies any depression, anxiety, or psychiatric problems. Eyes: Denies any blurry vision or pain behind the eyes. Ears: Decreased hearing acuity or tinnitus. LUNGS: Denies any shortness of breath or coughing, but does have some dyspnea when he is in abdominal pain. GI: No nausea or vomiting today. He has had some diarrhea over the last week. GU: No burning or urination frequency or nocturia or decreased force of stream. ORTHOPEDIC: No active problems.

**PHYSICAL EXAMINATION:**

000292

GENERAL: The patient is a tall, large-boned, muscular man who appears older than stated age. He has long, coarse, gray-white hair, and full beard.  
HEENT: Ears, eyes, nose: No lesions.  
NECK: No adenopathy.  
LUNGS: Clear, but he is splitting his respiration with abdominal pain.  
HEART: Regular rate with no murmurs.  
ABDOMEN: Firm with guarding in the right upper quadrant. Some tenderness, but without guarding throughout the rest of the abdomen.  
EXTREMITIES: Unremarkable.

LABORATORY DATA: White count is 4.9, which is elevated for him. My discussions with Dr. \_\_\_\_\_ revealed that his white count normally is 1.8, hemoglobin is 13.7, and hematocrit is 39.6. Chemistries show bilirubin of 1.5, AST of 44, ALT of 85, alkaline phosphatase is 70. These numbers are way down from his highs previously according to Dr. \_\_\_\_\_. Glucose is 153 and electrolytes are satisfactory. I obtained some reports from Kane Hospital. These showed an ultrasound with thickened gallbladder wall up to 10 mm consistent with acute cholecystitis and 4-mm common bile duct. EKG normal. CT scan showed normal pancreas, thickened edematous gallbladder consistent with acute cholecystitis, and no biliary duct dilatation. CT of the chest was normal. Numbers there showed a white count of 2.4, hemoglobin 12.9, and hematocrit 37.

IMPRESSION: Acute cholecystitis.

PLAN: Admit, IV fluids, bowel rest, and antibiotics. If he does not rapidly improve, I think he should be explored and this would be best done through an open cholecystectomy. Risks are quite high in this patient with active hepatitis C. With a high-risk mortality for any abdominal operation, we will try to treat him medically; however, he would most likely require operation.

Thank you for the referral.

Job#: 4520101 / 285842

Signed By: \_\_\_\_\_

Graham, Nathaniel MD

GRAHNA/PRECYSE  
DDT: 04/19/05 1619  
TDT: 04/20/05 1040  
Report Number: 0420-0029  
cc:  
FCI MCKEAN  
Graham, Nathaniel MD

Reviewed by D. Olson, MD  
date: 5/2/05

## BRADFORD REGIONAL MEDICAL CENTER

Bradford, Pennsylvania

**DIAGNOSTIC IMAGING DISCHARGE INSTRUCTIONS - PROCEDURES**

**CALL YOUR PHYSICIAN OR GO TO AN EMERGENCY ROOM IF ANY OF THE FOLLOWING SYMPTOMS OCCUR:**

<b>ARTHROGRAM:</b>	Severe swelling, pain, restriction of the joint; abnormal discoloration or redness at the site of injection
<b>NEEDLE BIOPSY/ CORE BIOPSY:</b>	Severe weakness, headache, fainting, swelling at the site of injection, abnormal redness and/or leaking of fluid at injection site.
<b>PARACENTESIS/ THORACENTESIS:</b>	Weakness, drowsiness, fainting; severe redness, soreness, leakage of fluid at site. Unusually fast heartbeat, fever, chills, discoloration or swelling area of injection site.
<b>NEPHROSTOMY/BILIARY TUBE PLACEMENT:</b>	Drainage from tube diminishes or stops. Signs of infection such as fever, chills, redness, excessive soreness, drainage around site.
<b>BONE MARROW BIOPSY:</b>	Excessive pain, bleeding at site. Signs of infection such as fever and chills.
<b>HYSTEROSALPINGOGRAM:</b>	Bleeding unusual pain, foul-smelling discharge, fever or chills.
<b>SPINAL TAP/MYELOGRAM:</b>	Severe headache, fainting, weakness, swelling at site of injection, abnormal redness and/or leaking of fluid at injection site.
<b>AMNIOCENTESIS:</b>	Severe cramping, vaginal bleeding, leaking of fluid at injection site, redness or swelling at injection site.

**OTHER:** If you have any unusual symptoms that may have been caused by the procedure today or the medication we have given you, please contact your physician or return to an Emergency Room. Some of these symptoms may be:

<input checked="" type="checkbox"/> Fever	<input type="checkbox"/> Chest Pain	<input type="checkbox"/> Fainting
<input checked="" type="checkbox"/> Chills	<input type="checkbox"/> Shortness of Breath	<input type="checkbox"/> Rash or Hives
<input type="checkbox"/> Headache	<input type="checkbox"/> Restriction of Motion	<input checked="" type="checkbox"/> Drainage at Injection Site
<input checked="" type="checkbox"/> Bleeding		

If you have received any sedation today, this medicine will remain in your system for 24 hours. Even though you may feel normal, your reaction time has been altered. You may not operate any machinery, drive a vehicle, make any important decisions, sign any legal papers, or drink any alcoholic beverages for 24 hours because of the medication we have given you.

I, the patient or family member, acknowledge that I have read and understand the above instructions, I have had the opportunity to ask questions and have received a copy of the instructions.

*Donald C. Moshier*  
Patient or Family Member

RN or Technologist  
MOSHIER, DONALD  
MORSLEY

M-42

Additional Comments:

Reviewed by D. Olson, MD

Date:

8/25/04

226525

4447798

OUTPT. PROCEDURE

08/18/01

Date

08/24/04

Patient Name

Moshier, Donald

Patient M.R. Number



172

000294

UNITED STATES PENITENTIARY  
LEWISBURG, PENNSYLVANIA

IDLE, CONVALESCENT AND CHANGE IN WORK CLASSIFICATION STATUS

TO: ALL CONCERNED

INMATE'S NAME: Mohr, Donald

UNIT: A-1

DATE: 8-13-06

REG. NO.: 10224082

DETAIL: Asky

MEDICAL CLASSIFICATION STATUS: (Check One)

( ) IDLE: \_\_\_\_\_

THRU 12 MIDNIGHT \_\_\_\_\_, 20

( ) CONVALESCENT: today

THRU 12 MIDNIGHT \_\_\_\_\_, 20

( ) RESTRICTED DUTY: \_\_\_\_\_

THRU 12 MIDNIGHT \_\_\_\_\_, 20

( ) MEDICALLY UNASSIGNED: \_\_\_\_\_

W. C. Ringer  
Physician or Physician Assistant

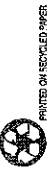
IDLE STATUS - Temporary disability not to exceed three days duration including weekends and holidays. Restricted to room except for meals. No recreation activity.

CONVALESCENT STATUS - Recovery period for operation, injury, or serious illness. Not less than four days and not to exceed thirty days. Excused from work with no recreation activities.

RESTRICTED DUTY - Restricted from specific activities because of physical condition. List condition, work limitation, and time period.

MEDICALLY UNASSIGNED - Unassigned due to existing medical condition.

000295



PRINTED ON RECYCLED PAPER

LVN-20-F

UNITED STATES PENITENTIARY  
LEWISBURG, PENNSYLVANIA

## IDLE, CONVALESCENT AND CHANGE IN WORK CLASSIFICATION STATUS

TO: ALL CONCERNED

INMATE'S NAME:

Moshier, Donald

UNIT:

A-Block

DATE:

03/09/06

REG. NO.:

16924-052

DETAIL:

Hail Bags

## MEDICAL CLASSIFICATION STATUS: (Check One)

☒ IDLE:2 days

THRU 12 MIDNIGHT

03/10/06☐ CONVALESCENT:

THRU 12 MIDNIGHT

20☐ RESTRICTED DUTY:

THRU 12 MIDNIGHT

20☐ MEDICALLY UNASSIGNED:Luis Ramirez, P.A.

Physician or Physician Assistant

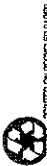
Luis Ramirez, P.A.

IDLE STATUS - Temporary disability not to exceed three days duration including weekends and holidays. Restricted to room except for meals. No recreation activity.

CONVALESCENT STATUS - Recovery period for operation, injury, or serious illness. Not less than four days and not to exceed thirty days. Excused from work with no recreation activities.

RESTRICTED DUTY - Restricted from specific activities because of physical condition. List condition, work limitation, and time period.

MEDICALLY UNASSIGNED - Unassigned due to existing medical condition.



LVN-20-F

000296

UNITED STATES PENITENTIARY  
LEWISBURG, PENNSYLVANIA

IDLE, CONVALESCENT AND CHANGE IN WORK CLASSIFICATION STATUS

TO: ALL CONCERNED

INMATE'S NAME:

MOSHIK, DANN

UNIT:

A

DATE:

09-16-05

DETAIL:

REG. NO.: 10924-DS

MEDICAL CLASSIFICATION STATUS: (Check One)

☒ IDLE:

Three Days

☐ CONVALESCENT:

THRU 12 MIDNIGHT

09-18, 21

☐ RESTRICTED DUTY:

THRU 12 MIDNIGHT

THRU 12 MIDNIGHT

☐ MEDICALLY UNASSIGNED:

THRU 12 MIDNIGHT

Dr. Sumner (Abusnick)  
Physician or Physician Assistant

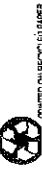
**IDLE STATUS** - Temporary disability not to exceed three days duration including weekends and holidays. Restrict except for meals. No recreation activity.

**CONVALESCENT STATUS** - Recovery period for operation, injury, or serious illness. Not less than four days and thirty days. Excused from work with no recreation activities.

**RESTRICTED DUTY** - Restricted from specific activities because of physical condition. List condition, work limit period.

**MEDICALLY UNASSIGNED** - Unassigned due to existing medical condition.

000297



FEDERAL CORRECTIONAL INSTITUTION HOSPITAL  
FCI MCKEAN, PA

**IDLE, CONVALESCENT AND CHANGE IN WORK CLASSIFICATION STATUS**

TO: ALL CONCERNED UNIT: \_\_\_\_\_ DATE: 8/25/04  
 INMATE'S NAME: John, Donald DETAIL: \_\_\_\_\_ REG. NO. 10925-052  
*For Medical purposes, the inmate named above has been authorized the work and/or activity status listed below the reason(s) and the time shown.*

**MEDICAL CLASSIFICATION STATUS: (Check one and answer questions)**

- ☐ IDLE: Reason \_\_\_\_\_ THRU 12 MIDNIGHT \_\_\_\_\_ 19 \_\_\_\_\_
- ☒ CONVALESCENCE: List any restricted activity for medical reasons. \_\_\_\_\_ THRU 12 MIDNIGHT 8/29 192004
- ☐ RESTRICTED DUTY: Specify exact restriction and reason. \_\_\_\_\_ THRU 12 MIDNIGHT \_\_\_\_\_ 19 \_\_\_\_\_
- ☐ TOTALLY DISABLED:
- ☐ FULL DUTY:

                      
**Physician or Physician Assistant**

**DEFINITIONS AND INSTRUCTIONS**

IDLE STATUS - temporary disability not to exceed three days duration including weekends and holidays. Restricted to room except for meals, barbering, religious services, sick call, visits and call outs. No recreation activity.  
 CONVALESCENT STATUS - Recovery period for operation, injury, or serious illness. Not less than four days and not to exceed thirty days, subject to renewal. Excused from work and may not participate in any recreational activities outside the unit.  
 RESTRICTED DUTY - Restricted from specific activities because of physical or mental handicap. List handicap, work limitation and time period, either specific date or indefinitely.  
 TOTALLY DISABLED - Totally unemployable and unassigned because of mental or physical reasons. Condition generally expected to last indefinitely.  
 FULL DUTY - No work restrictions because of physical, medical or mental disability.

000238

FEDERAL CORRECTIONAL INSTITUTION HOSPITAL  
FCI MCKEAN, PA

**IDLE, CONVALESCENT AND CHANGE IN WORK CLASSIFICATION STATUS**

TO: ALL CONCERNED Moshier UNIT: AB DATE: 8/17/04  
INMATE'S NAME: \_\_\_\_\_ DETAIL: Cassidy REG. NO. 10924  
For Medical purposes, the inmate named above has been authorized the work and/or activity status listed below the reason(s) and the time shown.

**MEDICAL CLASSIFICATION STATUS: (Check one and answer questions)**

( ) IDLE: Reason \_\_\_\_\_ THRU 12 MIDNIGHT \_\_\_\_\_ 19\_\_\_\_  
( ) CONVALESCENCE: List any restricted activity for medical reasons. \_\_\_\_\_ THRU 12 MIDNIGHT \_\_\_\_\_ 19\_\_\_\_  
☒ RESTRICTED DUTY: Specify exact restriction and reason. \_\_\_\_\_ THRU 12 MIDNIGHT \_\_\_\_\_ 19\_\_\_\_

**PHYSICIAN OR PHYSICIAN ASSISTANT**  
[Signature]  
MCKEAN, PA

**TOTALLY DISABLED:** DK used unassigned  
**FULL DUTY:** No left > 20 lbs  
No prolonged stoop, stand or bend  
less than 10 min per hour

**DEFINITIONS AND INSTRUCTIONS**

IDLE STATUS - temporary disability not to exceed three days duration including weekends and holidays. Restricted to room except for meals, barbering, religious services, sick call, visits and call outs. No recreation activity.  
CONVALESCENT STATUS - Recovery period for operation, injury, or serious illness. Not less than four days and not to exceed thirty days, subject to renewal. Excused from work and may not participate in any recreational activities outside the unit.  
RESTRICTED DUTY - Restricted from specific activities because of physical or mental handicap. List handicap, work limitation and time period, either specific date or indefinite.  
TOTALLY DISABLED - Totally unemployable and unassigned because of mental or physical reasons. Condition generally expected to last indefinitely.  
FULL DUTY - No work restrictions because of physical, medical or mental disability.